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SERIAL NUMBER 10/603,883	FILING OR 371(c) DATE 06/25/2003 RULE	CLASS 606	GROUP ART UNIT 3735	ATTORNEY DOCKET NO. ENDO144
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APPLICANTS

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** CONTINUING DATA *****

None
(R)

** FOREIGN APPLICATIONS *****

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 12/05/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 8	TOTAL CLAIMS A2 36	INDEPENDENT CLAIMS A2 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged	<i>[Signature]</i> Examiner's Signature	<i>[Initials]</i>			

ADDRESS

33746

TITLE

Detachable cryosurgical probe

FILING FEE RECEIVED 699	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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